

Fee	Date
Transcript	Jurisprudence
NB	Clinical
Bkgnd	NPDB
HIV/AIDS	CPR
Verifications	
License number	
Date of Issue	

FOR KBD USE ONLY

# Kentucky Board of Dentistry



312 Whittington Parkway, Suite 101  
 Louisville, KY 40222  
 502/429-7280  
<http://dentistry.ky.gov>

## APPLICATION FOR DENTAL HYGIENE LICENSURE

Please print in ink or type your responses. List your name as you want it to appear on your license.

Name \_\_\_\_\_  
Last/Suffix First Middle

Former Name(s) \_\_\_\_\_ SSN \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender (M/F) \_\_\_\_\_  
mm/dd/yyyy

Citizen of \_\_\_\_\_ If naturalized U.S. citizen, give date and place \_\_\_\_\_

Home address \_\_\_\_\_  
Number & Street PO Boxes Not Acceptable

\_\_\_\_\_  
City State ZIP KY County Phone #

Intended business address \_\_\_\_\_  
Business Name Number & Street PO Boxes Not Acceptable

\_\_\_\_\_  
City State ZIP KY County Phone #

Preferred mailing address  Home  Business  Other \_\_\_\_\_

Email address \_\_\_\_\_ Cell phone number \_\_\_\_\_

Applying for  Full licensure by exam  Full licensure by credentials

Name of clinical exam \_\_\_\_\_ Date of exam \_\_\_\_\_ Location of exam \_\_\_\_\_

### Dental Hygiene Education

Name of School	Location	# of Years	Degree	Dates Attended
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Other State Licenses

List **all states** in which you have held or presently hold a dental hygiene license. Attach an additional sheet if necessary.

State	License #	State	License #
_____	_____	_____	_____
_____	_____	_____	_____

**Practice History**

Give all places of practice since graduation, listing most recent first. Attach an additional sheet if necessary.

Business Name	Address	Dates
_____	_____	_____
_____	_____	_____

If you answer NO to any of questions 1-3, please attach a full written explanation.

- Do you understand, read, speak, and write the English language with a comprehension and performance level equal to at least the ninth grade of education, otherwise known as Level 4? ..... Yes No
- Have you successfully completed the National Board written exam? ..... Yes No
- Did you successfully pass a clinical exam within three (3) tries?..... Yes No

If you answer YES to any of questions 4-9 or 11, please attach a full written explanation.

- Has any dental hygiene license held by you had any type of disciplinary action taken against it by any state board or government agency? ..... Yes No
- Are there any disciplinary actions pending against your license by any state board or government agency? ..... Yes No
- Has a dental hygiene license ever been denied to you by any state? ..... Yes No
- Have you ever voluntarily surrendered your license while under investigation in any state? ..... Yes No
- Have you ever been convicted of a misdemeanor or felony? ..... Yes No
- Have you ever been sued for malpractice or professional negligence? ..... Yes No
- Do you currently have an obligation in a financial aid program administered by the Kentucky Higher Education Assistance Authority (KHEAA)? ..... Yes No
- If yes to #10, are you in default of the repayment obligation, per KRS 164.772? ..... Yes No

Are you a graduate of a board approved CODA accredited program on or after July 15, 2010, which meets or exceeds the educational requirements for the practice of local anesthesia? ..... Yes No

If yes, list name of course and semester completed \_\_\_\_\_

If you meet the requirements of 201 KAR 8:560 Section 11, you will be granted the authority to practice local anesthesia as part of your dental hygiene license, subjects to the requirements of applicable statutes and regulations.

**Affadavit to be Completed Before a Notary**

I, \_\_\_\_\_, being duly sworn state that I am the person referred to in the foregoing application and that the photograph attached hereto is of myself and that the statements made herein are true, accurate, and complete to the best of my knowledge and belief. I certify that I have not, am not, and shall not practice, be classified, or hold myself out as being able to practice dental hygiene in Kentucky until authorization to do so has been granted by the Kentucky Board of Dentistry. In the event that I am licensed by the Kentucky Board of Dentistry, I hereby agree to adhere to and abide by all the statutes, rules, and regulations governing the practice of dentistry in Kentucky.

I understand that, under Kentucky Law, the submission of any false, fraudulent, or forged statement, document, or other matter in connection with this application is grounds for criminal prosecution and denial of licensure. I authorize the Board or its agents to obtain from other sources any information, files, or records necessary for determining my qualifications for licensure.



\_\_\_\_\_  
Signature of Applicant

State of \_\_\_\_\_ )

) ss

County of \_\_\_\_\_ )

Signed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature \_\_\_\_\_

Notary Public

My commission expires \_\_\_\_\_

**Return your application, non-refundable fee, and other required information to:**

Kentucky Board of Dentistry  
312 Whittington Parkway, Suite 101  
Louisville, KY 40222